U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fires, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

11027

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through: 12/31/04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Douglas PONEM	Name Transfer 5 Union Locar 287	
	Labor Organization File Number 2046335	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 65 Rankin Aul	Street 1452 N. 4th St	
City Son José	City SA! José	
State CA ZIP Code + 4 95 110	State ZIP Code + 4 95112	
5. Position in labor organization. Secretary - Try	easurer	
Enter appropriate data below if, during the past fiscal year, you or your spo except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	; ;	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City	The control of the co	
State ZiP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed D. O. J. W.	on 8.10.05 408 293 3958 Date Telephone Number	
100000000000000000000000000000000000000		

Name of Person Filling Douglas P. O'NEA	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name TeamSters Bevefit Thust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 260 Street 39420 L: benty St City Fremant State CA. ZIP Code + 4 94538	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if arry:	Multiemployer Welfare trust fund.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City '	12.a. Nature of interest held or income received.		
State ZIP Code + 4	See continuation page		
	12.b. Amount. 2, 103.46		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Coce + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name	ОΤ	Person	Fuina -

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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Lipman Insurance Administrators to	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 260	b. Trust
Street Liberty St City Evenont. State California ZIP Code + 4 94538	.
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Fred Lipman	Multiemployer welfare trust fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 260	
Street 39420 Liberty St.	
City Fremont	
State ZIP Code + 4 _ 9453	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	See continuation page.
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	12.b. Amount. # 30.00

Name of Person Filing	1 07 1=11	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Grand Fund Manager	a. Labor Organization	
Trade Name, if any:	, · · · · · · · · · · · · · · · · · · ·	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State California ZIP Code + 4	J	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Vickie Lanini	Multiemployer welfare trust fund.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street]	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	j
	12.a. Nature of interest held or income received.	
	See continuation page.	
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	12 h Amount	ŧ

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business from Pg. 2:

Teamsters Benefit Trust

12.a. Nature of interest held or income received (con't from Pg. 2):

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947 as amended (the Trust Fund The Amount entered in item 12. b represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustee's And periodic Trustee Committees of the Trust Fund or otherwise is connection with the performance of his duties as a Union Trustee, and/or (2) the estimated value of food and beverages provide or made AVAilable to him by the Trust Fund at such meetings or food and beverages in connection with such Meetings that were paid for by others who received reinbursement from the Trust Fund for such food and beverage expenditures. The meetings referenced above occurred on or about February 6; May 7; Aug 5+6; November 5; And December 1-4, 2004. This estimate is based on information requested from the Trust Fund's thind party Administrator And A business catendar for appointments and Meetings in 2004.

3.7 (2) (2.1)	<u> </u>	_	File Number U-
Name of Percon Hillian	17	A 1. 1 1	I File Niimber II.
Name of Person Filing	Douglas	O'NEXL	The Hamber C-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business from Pg. 3:

Lipman Insurance Ad. inc.

12.a. Nature of interest held or income received (con't from Pg. 3):

In performance of his duties as a Union Trustee on the Board of Trustees, which is A jointly Administered health trust fund under the labor-Management Relations Act of 1947, As Amended (the Trust Fund"), the Person identified in item 3 from time to time transacts business related to those duties over breakfast Lunch or dinner with employer representatives. The Amount entered in item 12.b. is the estimated value of the expenditures make by the employer identified in item 8 on his behalf for such food And beverages on or About December 10, 2004.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business from Pg. 4:

Grand Fund Manager

12.a. Nature of interest held or income received (con't from Pg. \(\frac{1}{2}\):

In performance of his dities AS A Union Trustee on the Board of Trustees, which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, AS Amended ("the Trust Fund"), the Person identified in item 3 from time to time transacts business related to those duties over breakfast Lunch or dinner with employer representatives. The amount entered in item 12.6. is the estimated value of the expenditures Made by the employer identified in item 8 on his behalf for such food and beverages on or about December 1, 2004.